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81166 7590 01/21/2009							
HARMAN - BRINKS HOFER CHICAGO Brinks Hofer Gilson & Lione P.O. Box 10395 Chicago, IL 60610				Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
				DAVID P. LI	NDNER ESO	(Depositor's name)	
				0: 62	7930	, (Signature)	
. *				04/16/	2009	(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	A	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/519,760	10/28/2005		Robert Polfreman		11336/868 (P02061US)	3195	
TITLE OF INVENTION	I: LOUDSPEAKER DIA	PHRAGM SYSTEMS					
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE F	EE TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	МО	\$1510	\$300	\$0	\$1810	04/21/2009	
EXAM	IINER	ART UNIT	CLASS-SUBCLASS				
ENSEY,	BRIAN	2614	381-150000				
"Fee Address" ind PTO/SB/47; Rev 03-0 Number is required.  3. ASSIGNEE NAME A PLEASE NOTE: Unit recordation as set fort (A) NAME OF ASSIGNEE HARMAN INTINCORPORATION INCORPORATION INCOR	ondence address (or Cha 3/122) attached. ication (or "Fee Address 12 or more recent) attach ND RESIDENCE DATA ess an assignee is identi in in 37 CFR 3.11. Comp GNEE CERNATIONAL I CED iate assignee category or	Indication form led. Use of a Customer  A TO BE PRINTED ON The indication of this form is NOT in the indication of this form is NOT in the indication of the	(1) the names of up to or agents OR, alternative (2) the name of a single registered attorney or a 2 registered patent attolisted, no name will be THE PATENT (print or type data will appear on the part of the p	2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered patent attorneys or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  BE PATENT (print or type)  It as will appear on the patent. If an assignee is identified below, the document has been filed for a substitute for filing an assignment.  B) RESIDENCE: (CITY and STATE OR COUNTRY)  NORTHRIDGE, CALIFORNIA  Ted on the patent): Individual Corporation or other private group entity Government  Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 23-1925 (enclose an extra copy of this form).			
<del></del>			overpayment, to Depos	sit Account Number	23-1925 (enclose an	extra copy of this form).	
	tus (from status indicated s SMALL ENTITY statu		Db. Applicant is no lone	er claiming SMAII	ENTITY status. See 37 CF	R 1 27(a)(2)	
NOTE: The Issue Fee and	Publication Fee (if requ		from anyone other than the	ne applicant; a register	red attorney or agent; or the	assignee or other party in	
Authorized Signature	D. 6	PAG	han,	Date OL	114/2009		
	DAVID P. L			Registration No.			
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